

Idaho Department of Health & Welfare

Application for Certified Peer Support Specialist

Division of Behavioral Health

Barnett, Jennifer - CO 3rd
12/24/2015

Application for Peer Support Specialist Certification

Peer Support Specialist Application Checklist

The following tool is for you to ensure your application is complete prior to submission to the Division of Behavioral Health for certification.

- ☐ I am at least eighteen (18) years of age
- ☐ I have enclosed a copy of my HS diploma, GED certificate, Bachelor's degree in a human services field, or other post High School training in a human services field.
- ☐ I have enclosed the Letter of Notification from my training if attended the Jannus training.
- ☐ I did not attend the Jannus training, but have enclosed documentation of my testing results and skills assessment.
- ☐ I have submitted a copy of my certificate of attendance
- ☐ I have a completed and signed an application for Certification
- ☐ I have enclosed a Work Experience Summary with documentation of my supervised hours. **(Please submit following hours completed)**
- ☐ I have enclosed my Acknowledgement of Certified Peer Support Specialist Code of Ethics.

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Certified Peer Support Specialist Application Instructions

Dear Peer Support Specialist Applicant,

Thank you for your interest in Peer Support Specialist certification through the Department of Health and Welfare Division of Behavioral Health (DBH). The life experience of someone living with a mental illness or co-occurring diagnosis is best understood by someone who has also walked a similar journey. Professional certification lends credibility to the individual professional and ensures quality services are received by the individual in care. You are commended on your commitment to quality mental health services by seeking certification.

Throughout the certification process you may have many questions, so feel free to contact our office at any time. We are here to help you!

208-639-5720 Peer Support Specialist Voice Mail

Or

PeerSpecCert@dhw.idaho.gov

For applicants recently trained: You are allowed **one year** from the completion of your training course to seek certification and submit an application for certification with all required documentation.

You will need to submit a completed application, a copy of your training certificate from your training, and a letter of notification indicating that you have passed all the requirements of the training and the training entity deems you able to apply for certification or provides feedback regarding areas to complete before certification.

If you are unable to meet the year timeframe, you will need to submit a new application.

If you have some of the requirements but have not completed your supervised work/volunteer experience, then submit an application without the Work/Volunteer Experience form and certification may be granted for a one-time only six-month period until the supervision hours are completed.

You may not be able to submit billing for your services and obtain work experience if you do not apply for a one-time six-month certificate following the

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training and competency exam. **Once the supervised hours are completed, submit the Work/Volunteer Experience Summary Form.**

For applicants applying for certification by reciprocity, provide documentation that:

- You completed training and passed an examination within the last two years from the date of your application.
- Please provide documentation of your Peer Support Specialist work/volunteer experience documenting continued practice of your skills as a Peer Support Specialist in the application. Include how many hours you have worked as a Peer Support Specialist and how many hours of supervision you have received (usually 1 hour per week for a 40 hour week).
- Complete the Statement of Personal Experience in the application
- Provide documentation of any Continuing Education/training hours in the application you have received since your certification and before submission of this application.
- Complete an Education Experience Summary
- Complete a Code of Ethics Affidavit

If you were certified in Idaho before July 1, 2015 through Jannus, Inc. (formerly Mountain States Group), and the certification obtained in those trainings will only be valid until December 31, 2015. Beginning January 1, 2016, DBH will no longer accept certifications obtained in Idaho before July 1, 2015.

To efficiently move through this process, follow these steps:

- Read this letter thoroughly
- Review the certification Frequently Asked Questions (FAQ) page and visit the website at <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> so you are familiar with the requirements, process, and the Code of Ethics.
- Complete the attached application either via email or handwritten using blue or black ink. You may submit the application through email to: PeerSpecCert@dhw.idaho.gov

or mail your application to:

Division of Behavioral Health
450 W. State St. 3rd floor
Boise, ID 83702
Attn: Peer Support Specialist Certification Oversight Committee

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- Refer to the check list in the application to ensure that you are submitting all the required documentation.

Once we have received your completed application, you will be notified by mail or email that your application has been received and/or if there are additional documents needed. If your application is complete upon initial review, then it will be reviewed by the Peer Support Specialist Certification Oversight committee for final processing. Within thirty (30) days of initial receipt, you will receive either a certificate and letter in the mail or a letter stating reasons for denial and your rights to file a grievance regarding the decision.

If you were granted full certification, it is valid for one year. If you were granted a six-month certificate, your six-month certificate and letter will indicate when your six-month certificate will lapse. If you have a six-month certificate, it is your responsibility to submit the remaining requirements to obtain full certification for a total of a year. **It is your responsibility to keep track of your recertification date; no reminders will be sent.** When it is time to renew your certification, you will need to go to:

<http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx> and complete your renewal application.

This includes documenting your continuing education/training hours earned during the last certification period.

The renewal application must be postmarked on or before the expiration date as shown on your certificate.

If your application is not complete and received by the date shown on your certificate, any Peer Support services provided may not be reimbursable due to your Certification being invalid.

If you disagree with the outcome of your application for certification, you are able to file a grievance.

Please submit in writing your grievance to:

Division of Behavioral Health
450 W. State St. 3rd floor
Boise, ID 83702
Attn: Candace Falsetti, QA Program Manager
PeerSpecCert@dhw.idaho.gov

Submit your valid factual reason for disputing the action you deem unjustified. Your grievance will be registered and reviewed and you will receive a response

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that your written grievance was received. A decision for your grievance will be made within 60 days of receipt. All decisions made on a submitted grievance are final.

Should you have questions, please feel free to contact us at: 208-639-5720
Thank you again for your interest in becoming a Certified Peer Support Specialist in Idaho.

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Name (please print/type) _____ Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Please specify gender: ___ M ___ F ___ Other

Please answer the following and include any supporting documentation for your answers in your completed application that is submitted. The items that are bolded are required for your application to be considered for certification

1. _____ I am at least eighteen (18) years of age and able to work legally in the United States.

2. _____ I have a high school diploma, GED, or a Bachelor's degree from an accredited institution in the human services field. (please include copy of diploma or degree)

Graduated From: _____

Degree Earned: _____

Date Achieved: _____

3. _____ I have completed the Idaho approved Peer Support Specialist training or other Peer Support Specialist training that meets the standards.

Date completed: _____

Name of Training Entity: _____

4. _____ I have submitted certificate of attendance. (please include a copy in application)

5. _____ I received a Notification Letter from my training entity (letter can be from Jannus or other training entity) please include a copy in application

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6. _____ I have included a Work/Volunteer Experience Summary Form with a supervisor signature and completed the number of hours required based upon my education.

My Primary Lived Experience is with: (Please check all those that apply)

- ☐ Personal Recovery from Mental Illness
- ☐ Personal Recovery from Co-Occurring (Mental Illness and Substance Use Disorder)

Personal Disclosure Statement:

- ☐ YES, I agree to disclose my recovery history with mental illness and/or substance use disorder in keeping with Behavioral Health Standards for Peer Support Specialists.

Statement of Accuracy:

- ☐ I have at least one (1) year of ongoing and continuous recovery.
- ☐ I have completed this application and the required attachments on my own.
- ☐ I can supply any additional documentation as requested.
- ☐ I acknowledge that my name and certification number, once granted, may be released if requested.

My signature below affirms that all of the information attached to, and contained in, this application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds to terminate my certification.

Signature of Peer Support Specialist Applicant

Date

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Work/Volunteer Experience Summary

TO BE COMPLETED BY YOUR SUPERVISOR

The person named below is completing an application to be certified as a Peer Support Specialist with the Idaho Division of Behavioral Health. In order to complete this process, his/her immediate supervisor must complete the following form regarding the applicant's employment, work responsibilities and supervisory plan. **Once the form is complete and supervision hours are complete**, submit it to: Division of Behavioral Health 450 W. State St. 3rd fl. Boise, ID 83702
ATTN: Peer Support Specialist Certification Oversight Committee

Prospective Certified Peer Support Specialist:

(Please Print Name)

Does the applicant named above serve in a paid or volunteer role as a Peer Specialist?

Paid _____ Volunteer _____

Title of Applicant's position in the agency _____

Dates of Employment/Volunteer:

Number of hours assigned to work in this position per week: _____

A Certified Peer Support Specialist must be under the supervision of a degreed professional in the human services field.

Please provide your information as supervisor of the applicant.

Name: _____ Phone: () _____

Title: _____ Credentials: _____

Agency: _____

Address: _____

City: _____ Zip Code: _____

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Please describe the nature of the applicant's work responsibilities in the agency as a Peer Support Specialist.

Please describe the content of your direct one-on-one supervision.

Please describe the professional development plan for this individual within this agency. If no formal plan, what has this individual identified as goals in this position?

An applicant with a High School Diploma or GED must complete 200 hours of supervised work as a Peer Support Specialist and 20 hours of one to one supervision with supervisor for certification. An applicant with a Bachelor's degree or more must complete 100 hours of supervised work and 20 hours of one to one supervision for certification.

Number of hours of supervision per week _____

Total number of supervision hours _____

Number of hours completed in this position as a Peer Specialist _____

Supervision start date _____ Supervision end date _____

My signature below affirms that all of the information contained in this document is true, and I support this application.

Signature of Supervisor

Date

Acknowledgement of the Certified Peer Support Specialist Code of Ethics

By initialing and signing, you understand that you are required to follow the professional standards of conduct detailed in the Certified Peer Support Specialists Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the most current Idaho Certified Peer Support Specialist's Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto.

Initials _____

I further acknowledge that I have read and understood all my obligations, duties, and responsibilities under each principle and provision of the Certified Peer Support Specialists Code of Ethics and will read and understand all my obligations, duties, and responsibilities under all future amendments and modifications to the Code of Ethics.

Initials _____

Print full name

Date

Signature